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Bib Data Sheet

CONFIRMATION NO. 9585

SERIAL NUMBER 10/750,103	FILING DATE 12/29/2003 RULE	CLASS 702	GROUP ART UNIT 2863	ATTORNEY DOCKET NO. 15826-202001/II-03-007
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** CONTINUING DATA *None*** FOREIGN APPLICATIONS *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS <i>45-8</i>	INDEPENDENT CLAIMS <i>7-8</i>
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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TITLE

Fluid measurement

FILING FEE RECEIVED 2264	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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